POSITION	INITIALS	ID NO.	DATE
	X		
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		/2	5..7/
FORMALITY REVIEW	5m	5c864	6/26/01
RESPONSE FORMALITY REVIEW	AP	MD	9-11-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	...;........................... Restricted	O	.... Objected

BEST AVAILABLE COPY

Claim		Date		Claim		Date		Claim		Date
Final	Original			Final	Original			Final	Original	
	1	÷ ✔			51	÷ N			101	
	2	✔			52				102	
	3	✔			53				103	
	4	✔			54				104	
	5	✔			55				105	
	6	✔			56				106	
	7	N			57				107	
	8				58				108	
	9				59				109	
	10				60				110	
	11				61				111	
	12				62				112	
	13				63				113	
	14				64				114	
	15				65				115	
	16				66				116	
	17				67				117	
	18				68				118	
	19				69				119	
	20				70				120	
	21				71				121	
	22				72				122	
	23				73				123	
	24				74				124	
	25				75				125	
	26				76				126	
	27				77				127	
	28				78				128	
	29				79				129	
	30				80				130	
	31				81				131	
	32				82				132	
	33				83				133	
	34				84				134	
	35				85				135	
	36				86				136	
	37				87				137	
	38				88				138	
	39				89				139	
	40				90				140	
	41				91				141	
	42				92				142	
	43				93	=			143	
	44				94	=			144	
	45				95	=			145	
	46				96	=			146	
	47				97	=			147	
	48				98	=			148	
	49				99				149	
	50	N			100				150	

If more than 150 claims or 10 actions
staple additional sheet here

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